



CHANGE OF INFORMATION FORM

I'M USING THIS FORM TO UPDATE: (please mark as applicable)

- | | |
|--|--|
| <input type="radio"/> New Legal Name (provide documentation) | <input type="radio"/> New Email Address |
| <input type="radio"/> New Actual Residential Address | <input type="radio"/> New Emergency Contact Name |
| <input type="radio"/> New Mailing Address | <input type="radio"/> New Emergency Contact Phone Number |
| <input type="radio"/> New Phone Number | |

Personal Information			
Name at time of Enrollment (required)	New Legal Name		Apt Number (required)
Former Actual Residential Address	City	State	Zip Code
New Actual Residential Address	City	State	Zip Code
New Mailing Address	City	State	Zip Code
New Phone Number		New Email Address	
New Emergency Contact Name		New Emergency Contact Phone Number	

Change(s) apply to the following dependents:	
Dependent Name	Date of Birth
Dependent Name	Date of Birth
Dependent Name	Date of Birth
Dependent Name	Date of Birth
Dependent Name	Date of Birth

By signing below, I affirm and acknowledge that I have read, understand, and agree with the above statements. Under the penalty of perjury and to the best of my knowledge, the information contained in this application is true and correct.	
Signature:	Date:

Updated 9/2021